



Graincare

Application for Accreditation

Graincare Australia P/L
ABN: 15 123 221 812
PO Box 889
WARRAGUL VIC 3820
Ph: (03) 5622 2055
Fax: (03) 5622 2199

1 ORGANISATION DETAILS	
REGISTERED BUSINESS NAME	Graincare Accreditation Number
ADDRESS	
TELEPHONE	FACSIMILE
EMAIL:	ABN:
PROPERTY NAMES	

2 PRINCIPAL CONTACT (Manager/Owner)	
ADDRESS	SIGNATURE
TELEPHONE FACSIMILE	DATE OF BIRTH:
MOBILE	EMAIL ADDRESS:

3 AUTHORISED REPRESENTATIVES (if different from Principal Contact) Note: All Authorised Representatives must be employed by the above organisation.		4 Is your organisation currently accredited with either of the following programs? Please circle the appropriate program/s CATTLECARE/Flockcare
AUTHORISED REPRESENTATIVE'S NAME (Please print name in full)	AUTHORISED REPRESENTATIVE'S SIGNATURE	
		Accreditation no.: _____

5 DECLARATION I agree by making this payment (where required) and signing this form that I have read the current Rules for <i>Graincare</i> Registration, Accreditation and Granting of a <i>Graincare</i> Permit, and agree to abide by them.
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6 ACCREDITATION FEE	ALL PRICES INCLUDE GST
Fee (1 year period) \$ 110.00	
Payment by: Cheque / Money Order/Direct Deposit Please make cheques payable to: Graincare Australia P/L	
BANK DETAILS: GrainCare Australia – BSB: 063551 Account No: 10437214 (Please send copy of deposit/receipt to verify payment – office@auschemtraining.com.au)	
Forward application and payment to:	Graincare Australia P/L ABN: 15 123 221 812 PO Box 889 WARRAGUL VIC 3820
Note: Payment of the Accreditation Fee will constitute agreement by the accredited Organisation to abide by the Rules of the <i>Graincare</i> On-farm Quality Assurance Program.	

Note: Incomplete applications will not be processed